



AF/2882

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2645, Expedited Procedure

Corres. and Mail
BOX AF

01873.000049.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Allen C. Ho
AARON BRATSLAVSKY ET AL.)	
	:	Group Art Unit: 2882
Application No.:10/067,753)	
	:	
Filed: February 8, 2002)	
	:	
For: DENTAL X-RAY POSITIONING)	
USING ADHESIVES)	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE AFTER FINAL REJECTION

Sir:

In response to the Final Office Action dated March 8, 2004, the Examiner is respectfully requested to consider the following Remarks, which begin at 7. Claims changes are reflected in the listing that begins at page 2.



Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2645, Expedited Procedure

In re Application of: AARON BRATSLAVSKY ET AL.

Docket No. 01873.000049.

Application No.: 10/067,753

Examiner: Allen C. Ho

Filed: February 8, 2002

Group Art Unit: 2882

For: DENTAL X-RAY POSITIONING
 USING ADHESIVES

Date: February 19, 2004

MAIL STOP- AF
 THE COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 20	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	-0-
Fee for Multiple Dependent claims \$145°/\$290						-0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 35,345

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